

This Limited Permit is valid while the applicant is matriculated in an accredited respiratory therapy educational program, and upon completion of the program, for up to 180 days, until the Limited Permit holder applies for and is granted a full license to practice as a Respiratory Therapist. **The Limited Permit shall automatically expire upon notification that the holder has failed the NBRC Certification Examination.** A Limited Permit holder's scope of practice in respiratory care is limited to the activities approved on Page 2 of this form.

## VERIFICATION OF EDUCATION

### PROGRAM SECTION To be completed by respiratory therapy program director

The individual named on this form has indicated that he/she is/was matriculated in the study of respiratory care in your program. Please complete this form and check "yes" or "no" for each of the respiratory care he individual has successfully completed as of the date of this form.

Applicant Name: \_\_\_\_\_

Matriculation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ .

Type of Program (check one only):    ☐ Bachelor's Degree    ☐ Associate Degree    ☐ Certificate

If currently enrolled, is in his/her \_\_\_\_ year \_\_\_\_ semester of respiratory care study.

This individual will/has complete(d) the program on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Respiratory Care Duties Successfully Completed: The applicant is eligible to perform specific procedures ONLY within the duties checked "yes". The applicant must also meet the educational program or employer's standards for these procedures in specified patient care situations.

	YES	NO
1. administration of medical gases.....	_____	_____
2. use of gas administering devices.....	_____	_____
3. administration of humidification and aerosols.....	_____	_____
4. administration of aerosol medications.....	_____	_____
5. support services for mechanically ventilated patients.....	_____	_____
6. postural drainage.....	_____	_____
7. bronchopulmonary hygiene.....	_____	_____
8. breathing exercises.....	_____	_____
9. respiratory rehabilitation.....	_____	_____
10. cardiopulmonary resuscitation.....	_____	_____
11. maintaining natural and artificial airways.....	_____	_____
12. measuring ventilatory volumes, pressures, flows.....	_____	_____
13. collecting specimens of blood and other materials.....	_____	_____
14. pulmonary function testing.....	_____	_____
15. hemodynamic and other related physiologic monitoring of the cardiopulmonary system.....	_____	_____
16. teaching patients and families respiratory care procedures.....	_____	_____
17. consultation for health educational and community agencies.....	_____	_____
18. teaching knowledge, skills attitudes of respiratory care .....	_____	_____

I certify that the individual named on this form has successfully completed the duties checked as "yes" and is in good academic standing in or a graduate of the program.

Program Director Name (Print): \_\_\_\_\_

School  
Seal

Program Director Signature: \_\_\_\_\_

School Name: \_\_\_\_\_

Date: \_\_\_\_\_